STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
/ County beach	Registration Dist. No. 92
/ Village or City Eliton, Med	No. St., Ward
Length of residence in city or town where death occurredyrs,	death occurred in a hospital or institution, give its NAME instead of street and number) 19 ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME alice may toling	1 Backus
2014	
(a) Residence: No. OLSC Word Man (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, Mile word)	21. DATE OF DEATH () 4
Temale Colored single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Felly 3, 1930	I last saw h alive on, 19; death is sald
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 9.30 P. m.
2 8 /9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Sulfacation and fire burns 10/2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11 1 1 1 1 1 1 2 2
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation (month and spant in this occupation	
8084-1-1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Swestigation of men
13 NAME Clarence John	I lod my Drager
E 0 . 1 0 4	Name of operation
(State or country)	Name of operation Date of Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following /
15. MAIDEN NAME Viola Backkus 16. BIRTHPLACE (city or town) Newark Def	Accident, suicide, or homicide? accident bate of injury /0/27,19-32
(State or country)	Where did Injury occur?
17. INFORMANT Diola Bacokus	(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Elkton mel	in home D
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury trasped in burning house
Place Chelon Col. Country Date Ct 25, 1932	Nature of injury sufficiention and burns.
19. UNDERTAKER A- It I uppen	24. Was disease er injury in any way related to occupation of deceased?
(Address), Be M Henry Pepper	· If so, specify
20. FILED Chys, 1932 & Braun files	(Signed) Williamy Transa Cororates
Regisplar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	İ	Example I	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
y	1915	Arterioselerosis	
! ear	1921	Chronic interstitial nephritis	
	July 5,1927	Cerebral hemorrhage	
ory causes of importance:	May 1,1923	Other contributory causes of importance:	
	muy 1,1920	<u>aunounco</u>	
	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street ear	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10803
1. PLACE OF DEATH	
County Cecela	Registration Dist. No. 97
Village or City Celleton	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred/_yrs6mos.	4.0
2. FULL NAME Darothy marie Oc	hason Backus
(a) Residence: No. Selekt to hid.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Me word) Rengle	21. DATE OF DEATH October 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ceprif 3, 1931	, 19, 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9-30p.m.
1 6 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	bushes and fire 10/22/32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Elkton had	Other Contributory Causes of Importance:
13. NAME Clarence Johnson	I logney trazer, towner
13. NAME Clarence Johnson 14. BIRTHPLACE (city or town) Cecil County / h d	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Viola Backus 16. BIRTHPLACE (city er town) Newark	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, sulside, or homicide? accepted bate of Injury Where did Injury occur?
17. INFORMANT Viola Backles p	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lecture Col. Ceruita Date Oct 25, 1932	Manner of injury trapped in burning house Nature of Injury Suffocation and burns
19. UNDERTAKER A-21 Suppin	24. Was disease er Injury in any way related to occupation of deceased?
20 FILED Ch 2.5, 1997 Frauel Programmer. Refistrat.	(Signed) Thomas Judgu Corom. Q. (Address)
The state of the s	24 P. N. Charles Street Baltimore Requesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

strould state

PHYSICIANS

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTAT. CAUSE OF DEATH in plain terms, so that it may be properly classified.

B.-WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MADVI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(RD)
County becil	Registration Dist. No. 92
Village or City Election	NoSt. Ward
vinage of city.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in eity or town where death occurredyrsn	los. 6 ds. How long in U.S. N of foreign birth? yrs mos ds.
2. FULL NAME Melvin Robert for	huson Jackus
(a) Residence: No. Eletton Chod	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Detober 22 1932
mare botored single	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(ii) WIFE II	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) march 16, 1929	l last saw h; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 9.30 p.m.
3 7 6 1 day,h	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows?
8. Trade, profession, or particular	Sufficiation and fire 10/1
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	July 22
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Data deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Elkton, Ind	Other Contributory Campes of importance
(Stata or country)	2 19 2 Coroner
13. NAME Clarence Johnson	t. Hodney theyor.
13. NAME Clarence Johnson 14. BIRTHPLACE (city or town) Cecil County)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Viola Backhus	23. If death was due to external causes (VtOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Newark, DEl.	Accident, sulcide, or homicide? accerdent toate of injury 10/22, 1932
(State or country)	Where did injury occur? Elst ton, hich
17. INFORMANT Viola Backlus A	(Specify city or town, county and State) Specify whether Injory occurred In tNOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Elkton, mol,	in home of
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury trapped in burning pouse
Place telod Col Country Oate Clast 25, 19.3.	2. Nature of injury suffaction and burns
19. UNDERTAKER N. It Prippin:	24. Was disease or Injury In any way ralated to occupation of deceased?
(Address) Perf Dr Henry Type	· If so, specify
20. FILED Oh 25 1932 A Frans (afrage	(Signed) T. Mothing Trassis, Coronando
Reistrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis / E	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
T V D				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF	DEATH		95-5)	
County	eed		Registration Dist. No. 42	
Village or Ci	ty Child	V	No	W
Length of resid	dence in city or town where	death occurredyrs,mo	NU. St., 15th occurred in a hospital or institution, give its NAME instead of street and numbers. ds. How long in U.S. if of foreign birth? yrs. mos.	
(a) Residence	ce: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSON.	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 2m.	4. COLOR OR RACE	S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 (Oay) , 193	Z Year
5a. If married, widowe HUSBANO of (or) WIFE of	Masie H. O	Binderald	22. I WEREBY CERTIFY, That I attended decease	ed 9
	month, day, and year)	nor 17.1865	I last saw h affive on O. 28 24 5, 19.32; deat	his
AGE Year	ms Months	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF OEATH and related causes of importance	
9 Trade profes	sion, or particular		were as follows:	ofo
kind of w SAWYER,	ork dona, as SPINNER, BOOKKEEPER, etc	Painter &	dufe	
SAW MIII	dona, as SILK MILL, L, BANK, etc	ecorator	Car dans	
10. Date dacease this occup	ation (month and	11. Total tima (yaars) spent in this occupation	Dilatato	
12. BIRTHPLACE (city (State or coun		ldy.	Other Contributory Causes of Importance:	
13. NAME 2	dward &	? indewald		
14. BIRTHPLACE		Termany.	Name of operation Date of	
(State or	0.	- wy .	What tast confirmed diagnosis? Was there an autops	/?
15. MAIDEN NAM	(city or town)	and less	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	19
17. INFORMANT (Address)	Marie N. a	Bindwald	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATI	1 10	Data 10-24 ,1932	Manner of injury	
19. UNOERTAKER Address)	V. M. O-fop	md.	24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed)	

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis ,	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago RUREAU Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

sta UPA	1. PLACE OF DEATH	93-0
	/ County (Vell	Registration Dist. No. 97
	Village or City Mr. apploton	NoSt.,Ward
0		death occurred in a hospital or institution, give its NAME instead of street and number)
it NS	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?mosds.
AIA /	2. FULL NAME Mathaniel Be	eriell
YSICIANS statement	(a) Residence: No. Mercure Pul ()	P1 St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
Yac P.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. #	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR Divorced (write the word)	21. DATE OF DEATH
1	m of marie	(Month) (Day) (Year)
C T ifed	5a. If married, widowed, or divorced HUSBAND of	22. / / HEREBY CERT! FY. That I attended deceased from
X A C	(or) WIFE of Marie Querell	Augh 1 3 1937 to Day 25 193
E CL	6. DATE OF BIRTH (month, day, and year) Ceng//- 186 (Hast saw h Ma alive on DRA 2 4 193 2; death is said
at	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
stated proper	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
sta pr	8. Trade, profession, or particular	were as follows:
be be of	kind of work done, as SPINNER,	M. " Massach &
	9. Industry or business in which	through fine
should it may n back	SAW MILL, BANK, etc.	
	10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
	year) occupation	Dther Contributory Causes of Importance:
So t ctio	12, BIRTHPLACE (city or town)	1 - A /A
	(State or country) Lemusel	of the parlesson
supplied n terms, ee instru	13. NAME 14. BtrTHPLACE (city or town) (State or country)	<u> </u>
4 4 6	14. BtRTHPLACE (city or town) And neucl	Name of operation Date of
PA	(Grate or country)	What test confirmed diagnosis? Was there an autopsy?
efully in plai	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
be car EATH import	X (State or country) Rule	Where did injury occur?
100	17. INFORMANT Marie Burrell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
hould OF D	(Address) Mercay, Oul P.D.	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Please 1 04 Date Cler 2 19 3 2	Nature of Injury
mation CAUS TION	19. UNDERTAKER OP, 9. T. Januar	24. Was disease or Injury In any way related to occupation of deceased?
LEOH	(Address) Mount Vell	If so, specify
G	20 FILE Col 78 19 07 Baux Frager	(Signed) M. C
4	Registrar.	(Address) smark Distriction

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related car of importance were as follows:	ases Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

STATE OF MARY	AND-CERTIFICA	TE OF DEATH
---------------	---------------	-------------

1	6	C	1	0
I	0	0	IJ	0

1. PLACE OF DEATH	9
County Cecil	Registration Dist. No. 9/
Village or City Chesafeake City	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Uma face la	leb
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH 2 4 A (Par) (Vear)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIRTH (month day and year) Give 22 1932	I last saw help alive on The Hard 1931 death is said
6. DATE OF BtRTH (month, day, and year) Curry 22 732 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7 1 day,hrs	
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	16/
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
70. Date deceased last worked at this occupation (month and pear) spent in this occupation occupation	
Chearles N. City	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Whent
13. NAME James Caleb	- morphic out
E CPL N CIT	
(Slate or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country) North Carolina	Accident, suicide, or homicide?
Cale Im	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Chesapake City Mil	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bethel enely Date CCV 24, 1923	Nature of Injury
in UNDERTAKER IX. W. Pippin	24. Was disease or injury in any way related to occupation of deceased?
(Address) Elkton and	If so, specify
20. FILED Oct. 24 1932 B. Howard Brown	(Signed) Javol Juffund M. D.
Registrar.	(Address) / E to the 2004

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BOHRES .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	Harris R. AON	3 days ago
Other contributory causes of importance:		Other contributory car	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	0.00
1. PLACE OF BEATH			809
County Cecety	gyruis cos	Registration Dist. No. 9	2
Village or City alklor		No. No. A. St., If death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where d			
2. FULL NAME	Car	koll	
(a) Residence: No. Colf	(Usual place of abode)	St., Ward. If nonresident give city or town and S	tale
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garrie the word)	21. DATE OF DEATH Les 28 (Day)	193 2- (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I ettended do	
	toler 28-1932	last saw h_	
6. DATE OF BIRTH (month, day, end year) CCC 7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated abovem. The PRINCIPAL CAUSE OF DEATH and related causes of impulance	deetii 13 seid
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11, Total time (yeers)	Defend to Hohe	Pate of onset
12. BIRTHPLACE (city or town)	spent in this occupation.	Other Contributory Causes of Importance:	
(State or country)	lon from		
13. NAME Pulle Ode	neylvania.	Name of operation Detection Detect of Light	129-3
1 (otate or country)	M	What test confirmed diagnosis? Wes there an au	topsy?
15. MAIDEN NAME Percee 16. BIRTHPLACE (city or town)	syland.	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	, 19
17. INFORMANT Hospil	al	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	DE.
18. BURIAL, CREMATION DR REMOVAL		Manner of injury	
Place 20	Date, 19	Nature of injury	
19. UNDERTAKER (Address)	5 1 2	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Cof 3/ 1922	Janle Boye	(Signed) (Address) Use 19 9 1111	mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

Μ̈.

should state item of inforOCCUPA-

of

	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	0810
1	. PLACE OF DEATH		910	
	County Cecil		Registration Dist. No.	
	Village or City North		NoSt.,	Ward
		1	f death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth?	
				102
2		tha Coslett		
	(a) Residence: No. Nor	(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, 5		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct - 10.	. 193
F	Female White	Married	(Month) (Day)	(Year)
6. 1		.Coslett Jan.,1 1849		d deceased from 1932 ; death is said
7. /	AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the data stated above, at 10 33 P.m.	
	83 9	9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife	myscarditis	1931
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
000	TO. Date deceased last worked at this occupation (month and year)	11. Total time (years) spantin this occupation		
12.		th East vland	Other Contributory Causes of Importance:	
ER	13. NAME Tor	bett Grant		
FATHER	14. BIRTHPLACE (city or town) NO (State or country)	I mformation	Name of operation Date of What test confirmed diagnosis? Was there an	
ER		mwell	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town) NO	imformation	Accident, suicide, or homicide? Date of injury	

Accident, suicide, or homicide?_____ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injur

Rature of injury If so, specify

(Address)

Registrar.

(Signed)

17. INFORMANT (Address)

19. UNDERTAKER

(Address

18. BURIAL,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIAN
					7

ż

1. PLACE OF DEATH	MILAND	The state of Beath
County Cecil		Registration Dist. No.
Q 1 1 - A		No. Union Hoskital St. Wa
Village or City ZURLON	(If	death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where death occurre	yrsmos	ds. How long in U.S. If of foreign blyth?mos
2. FULL NAME	raigo :	· Stullyon '
(a) Residence: No. Clculton	ima	St., Ward.
PERSONAL AND STATISTICAL PA	RTICIII ARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	, MARRIED, WIDOWED,	21. DATE OF DEATH
MALE WHITE ORDIV	ORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	in whome	22. HEREBY CERTIFY, That I attended deceased for
(or) WIFE of	000	Vert 24 , 1932, to Clet 24, 193
6. DATE OF BIRTH (month, day, and year)	14-1932	Hast saw ham ancon Ust 24 1932; death is
7. AGE Years Months Day		to have occurred on the date stated above, at 1 40 G m
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of on
8. Trade, profession, or particular kind of work done, as SPINNER,	121044	0
SAWYER, BODKKEEPER, etc.	C PO COC	Communa Proces
Work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at	Total time (years)	
this occupation (month and year)	spant in this occupation	
12. BIRTHPLACE (city or town) Carrion, H	sp tal	Other Contributory Causes of importance:
(State or country) ZURIM	, md.	
13. NAME Circling J.	rdia	
13. NAME (Velley of town)	on a	Name of operation Date of
(Stete of country)	uland	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME didie da	ylor	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME did a la l	An	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	gland	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT William J. (Bora	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Ciclon	Nd. ()	
18. BURIAL, CREMATION, OR REMOVAL	10	Menner of injury
Place / / a faula Dete	, 19	- Nature of injury
19. UNDERTAKER MO		24. Was disease or injury in any way related to occupation of deceased?
(Address)	15	If so, specify
20. FILED CON 31 , 192 / Trans	41 Mart	(Signed) traffic (Address) Available (List
If more blanks are no		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNDAUV			
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

줓	Ü	GI	ha
MAKGIN KE	B.—WRITE PLAINLY, WITH UNFADING	mation should be carefully supplied. AGI	CAUSE OF DEATH in plain terms, so tha
=	AD.	d.	90
7.	E	olie	m
₹	S	idi	tel
Ξ.	H	S	ii
	II	Illy	pla
	×	efu	in
	K,	car	H,
	Z	9	AT
	AI	E P	E
	Z.	Juk	F
	[2]	sho	0
	E	u.	SE
	IR	tio	D
-	7	ma	Ü
No. I	B.		,
11)		6	-qr

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10812
County	Registration Dist. No.
Village or City well and well	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Length of residence In city or town where death occurredyrs,mos.	us. now long in 0.3, if of foreign pitti:yismus us.
2. FULL NAME Dandia Cully	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (variethe word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. I Married, widowed, or divorced HUSBAND of (bc) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
(&c) WIFE of	let 4, 1934 10 let 9, 1932
6. DATE OF BIRTH (month, day, end year) Plet 4, 1932	I last saw h A aliva on Urt 7 , 19.3 — death is sald
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at 19.36 Cl
0 0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Cerebral Stermonly ways West 3/32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked et this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Quel to britle injury
10. Data deceased last worked et this occupation (month and spent in this occupation corupation occupation	CJOH UZ
Janei Gent	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13, NAME Sus Cully	4
14, BIRTHPLACE (city or town) Ceculum	Name of operation Oate of Oate
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
IS. MAIDEN NAME WILLY BURNES	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT OSLPH R MOUNT	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place M. L. Noth Trady Date U.Y. 7 , 1932	Neture of injury
19. UNDERTAKER Juseph R. Grant	24. Was disease or injury in eny way related to occupation of deceased?
(Address) In Arth Epast md	If so, specify
20. FILEO/D-9-32,19. Les U. Ours Registrar.	(Signed) M. O. (Address) Writtant by
If more blanks are maded address State Parisan	AT CLASS BUILDING BUILDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	N.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA. RECORD. Every item of infor-Exact statement stated EXACTLY. IS A PERMANENT properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important. PLAINLY -WRITE

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH?	
County County	Registration Dist. No. 96
Village or City Fort SEROW	No. St., Ward
11/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Kinker of Mills	Anne
2. FULL NAME / VESTILIA /V SES	on way -
(a) Residence: No. 190 N. Mars (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct - 6 193 Z
5a. If married, widowed or divorced HUSBAND of	(Month) (Day) (Year)
(or) the of lelvie Thomas Dorsen	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) no information	I last saw h. I m die on Oct - 6 19 3 % death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic Myocarditis Date of onset
SAWYER, BOOKKEEPER, etc. Waitu	Chamin to do and it is 10/6/32
9. Industry or business in which work was done, as SILK MISL. A. Sawfuld.	
10. Date deceased last worked at QA . 11. Total time (years)	
this occupation (month and 1932) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) tock rele	Other Contributory Canese of importante:
(State or country) hud.	
13. NAME no information	t. Witney Trager, worker.
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME no information	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
I7. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Mesting con Date ICT. 7, 1972	Nature of Injury
10 HUDERTAKEN LED / Chitturans	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20 FILED Det 7 1932 & F Sanders	(Signed)
Registrar.	(Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 5.	3 days ago
		3 (3)	
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

instructions

LION

S. No.

should state OCCUPA

Jo

item of in

If more blanks are needed, address State Regulerar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	15
1. PLACE OF DEATH	(3)	
County Ceech	Registration Dist. No.	2
Village or City 6 L/E Coro	NoSt.,Step NoSt.,Step NoSt.,St.,Step NoSt.,Step NoSt.,Step NoSt.,Step NoSt.,	Ward
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Ida Jane Engles		
(a) Residence: No. Elsclery (Usual place of abode)	C St., Ward. If nonresident give city or town and S	biate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market Color or RACE OR DIVORCED (write the word)	21. DATE OF DEATH Of 7 7	193 3 2
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Core Carley	22. A I HEREBY CERTIFY. That I attended do	
6. DATE OF BIRTH (month, day, and year) Nov 15 1881	lest saw h alive on Oct 2/, 1937	death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5.30 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Oate of onset
9 Trade profession or postigular	Chromic Interstitial	-fo-f
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. John Saw Mill, BANK, etc.	nepholis	9/ 193
V.10Date deceased last worked at this occupation (month and year) year) occupation occupation		
12. BIRTHPLACE (city or town) EllE Vills (State or country)	Other Cuntributary Causes of importance:	
13. NAME Benjamin Wallace		
13. NAME Benjamin Wallace 14. BIRTHPLACE (city or town) To Disposition (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME Mory E. M. C. Cael 16. BIRTHPLACE (city or town) No Suformation (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
(State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Miso Elizabeth Fetalicisent (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place CELELON CELLLERY ONE CEL 25, 19 32	Manner of Injury	
19. UNDERTAKER (10), alemathy (Address), bolklow tudy	24. Was disease or injury in any way related to occupation of deceased?	n
on Och 24 32 Durch Spacev	(Signed) Herbury Jalas	M. D.

Registrar.

(Address) ----

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		2801 p (1831	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.S	£ 5		
Other contributory causes of importance:	-000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year .

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CATINE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

-
ó
Zo.
υż
>

1. PLACE OF DEATH			107-0	10818
County Cecil			Registration Dist. No.	3
Village or Citynec	en Provid		No. St death occurred in a hospital or institution, give its NAME instead of street	
Length of residence in city or tov	wn where death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?	mos
2. FULL NAME B	etty d. Ha	rigan	_St.,Warel.	
DEDCONAL AND CT	(Usual place of		If nonresident give eity or tow MEDICAL CERTIFICATE OF DEAT	
PERSONAL AND ST 3. SEX 4. COLOR OR R			21. DATE OF DEATH 1	
Female wh		(write the word)	October (Day)	, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. Oct 8 193 to Oct /	ended deceased f
6. DATE OF BIRTH (month, day, and ye	ear) June 16	1931	, 17	عرز death is:
7. AGE Years M	lonths Days	If LESS than	to have occurred on the date steted ebove, etm.	
	3 26	1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of on
8. Trade, profession, or perticuler kind of work done, as SPIN SAWYER, BODKKEEPER, etc.	INER.	2	Broweling-pneumonia	1981
Industry or business in which work was done, es SILK MI SAW MILL, BANK, etc	LL,			
Date decessed lest worked at this occupation (month and year)	11. Totel tip span occu	me (years) t in this pation		
12. BIRTHPLACE (city or town)	Plan Prov	ricleuce	Other Contributory Causes of importance:	16.5
(State or country)	ter a farri	igan	acute nepluntis	198
14. BIRTHPLACE (city or town)	near Proj	bidung	Name of operation	e of
(State of country)	mod 1	~	What test confirmed diagnosis? Wes the	e en eutopsy?
H 15. MAIDEN NAME	arah Jan	+ rame	23. If death was due to external causes (VIOL ENCE) fill In also the fol	lowing:
0 16. BIRTHPLACE (city or town)	near Pr	rovidery	Accident, suicide, or homicide? Dete of Injury_	, 19
(Stata or country)	ma	1	Where did Injury occur?(Specify city or town, county as	nd State)
17. INFORMANT Wal	Child Sill #	1 may	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, DR REMOVA		1/-	Manner of injury	
Place herry till	-141a Dete C. cf	15, 1932	Neture of injury	
19. UNDERTAKER (Address)	Last Fad	nd	24. Was disease or injury in any wey related to occupation of decesses	d?
20, FILED OCK 15 19 33	0 5 Gro	uf	(Signed) Callacon Johnson (Address) Neurand	000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HIM O SE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Clcco	Registration Dist No. 9
	No. (Mard St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME daby Hark	egace_
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WtFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BERTH (month, day, end year) October 19-193.	Heat saw h. Nation College ; death is said
7. AGE Years Months Days If LESS'than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, otc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL BANK of the state of the same of t	2 min glis
onte deceased last worked et this occupation (month and year). 11. Total time (yeers) spent in this occupation.	jeoranon
12. BIRTHPLACE (city or town) Units Streputal (State or country)	Other Contributory Causes of importance:
13. NAME Carnest Coy Herregue 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Delegat 7
(State of country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mennie Prelleams 16. BIRTHPLACE (city or town) Lelawake (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Miss Struct Suft	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Harfall W Dete 19.	Neture of injury
19. UNDERTAKER 20 (Address)	24. Was disease or injury Injury way related to occupation of deceased?
20. FILED Ch 2 \$, 1972 & Bauer Stayer Registrar.	(Signed (Address) (Address) (Address)
If more blanks are needed, address Stafe Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcclanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	100
The principal cause of death and related ca of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	3.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B ż

	F MARYLAND—	CERTIFICATE OF DEATH 10820
1. PLACE OF DEATH	-	
County CCC	Q	Registration Dist. No.
Village or City Elston		ND. St., Wa
Length of residence in city or town where de		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 26 193 (Year) (Year)
a. If married, widowed, or divorced — HUSBAND of (or) WIFE of		22. 0 1 HEREBY CERTIFY, Thet battended deceased from 26, 1932 to 0 of 26, 193
DATE OF BIRTH (month, day, end year)	ct 26 1932	I last saw h alive on, 19; death is sa
7. AGE Years Months	Days If LESS than 1 day, Qhrs. or Q_min.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc		Shoulder presentation necessitating version
SAW MILL, BANK, etc O. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) Electron (State or country)	yland	Other Contributory Couses of importance:
13. NAME Journ Han	Tuann	
(State of country)	many	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Lucy 15. 16. BIRTHPLACE (city or town) Electron (State or country) Trans 17. INFORMANT Lucy 14 ar (Address) Electron	reterson reand trans	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Elettras Conneles	Date Cec 27 , 193	Menner of injury
19. UNDERTAKER 7. WPip (Address) Elkton	ping 1	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN			
			5-

1. PLACE OF DEATH County Clothan & D. No. (If death occurred in a beginned or indigation, give in NAME intered of Services and simple) Village or City. E Lebellan & D. (If death occurred in a beginned or indigation, give in NAME intered of Services and simple) Langth of residence in city or John where despity occurred. 2. FULL NAME 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARKED, WHOWED OR BYONCOLOR Gyre the world OR DIVINGENCY 5. Indigate or City. 1. DATE OF BERTH (Month) 1. DATE OF BERTH 1. DATE OF BERTH 1. DATE OF BERTH 1. DATE OF BERTH (yelenth, day, and year) 2. SAMPLE, BARN of the country 3. THE STATE OF BEATH 2. SAMPLE, BARN of the country 1. DATE OF BERTH (yelenth, day, and year) 1. DATE OF BERTH (yelenth, day, and year) 2. SAMPLE, BARN of the country 1. DATE OF BERTH (yelenth, day, and year) 2. SAMPLE, BARN of the country 3. SAMPLE, BARN of the country 1. DATE OF BERTH (yelenth, day, and year) 1. DATE OF BERTH (yelenth, day, and year) 2. SAMPLE, BARN of the country 3. SAMPLE, BARN of the country 4. SAMPLE, BARN of	1 9 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
County Classes of country Country Country Country Classes of country Country Classes of country Classes of country Country Country Classes of country Country Classes of country Classes of country Country Country Classes of country Country Classes of country Classes of country Country Classes of country Country Country Classes of country Classes of country Country	nfo star		108	21
Langth of residence in city of pown where deals occurred YES MODE IN THE PRINCIPAL PROPERTY OF	r >	County Ceril	Registration Dist. No. 92	
Langth of residence in city of bown where death occupted yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long is birth? While the world in U. If of the w	shou of O	Village or City Elloton QD		
(a) Residence: No. Mean Limited States State	~ W /			
(a) Residence: No. Mean Limited States State	IAD men	2. FULL NAME Sarah OR March		
3. S.EX. 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED OR DYORCE (Growth to word) S. S. HUBSAND of Corp. William State of Corp. Will of Corp. William State of Co		(a) Residence: No. Mearlinion Churc	r St., Ward.	
3. S.EX. 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED OR DYORCE (Growth to word) S. S. HUBSAND of Corp. William State of Corp. Will of Corp. William State of Co	HY		If nonresident give city or town and S	State
SET OF SIRTH (month, day, and year) A GE Verts Months Days If ELES than 1 day, have occurred on the date stated above, at. 11.3 p.m. A GE Verts Months Days If ELES than 1 day, have occurred on the date stated above, at. 11.3 p.m. The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows: NOTE TO Date deceased last worked at industry was done, as SINK MILL. SAW MILL BANK, etc. Date of our was done, as SINK MILL. SAW MILL BANK, etc. Date of our was done, as SINK MILL. SAW MILL BANK, etc. Distributing Causes of importance: Date of our was done, as SINK MILL. SAW MILL BANK, etc. Distributing Causes of importance: Date of our was done, as SINK MILL. SAW MILL BANK, etc. Distributing Causes of importance: Dis	EC P P			
SET OF SIRTH (month, day, and year) A GE Verts Months Days If ELES than 1 day, have occurred on the date stated above, at. 11.3 p.m. A GE Verts Months Days If ELES than 1 day, have occurred on the date stated above, at. 11.3 p.m. The PRINCIPAL CLUSE OF DEATH and related causes of Importance were as follows: NOTE TO Date deceased last worked at industry was done, as SINK MILL. SAW MILL BANK, etc. Date of our was done, as SINK MILL. SAW MILL BANK, etc. Date of our was done, as SINK MILL. SAW MILL BANK, etc. Distributing Causes of importance: Date of our was done, as SINK MILL. SAW MILL BANK, etc. Distributing Causes of importance: Date of our was done, as SINK MILL. SAW MILL BANK, etc. Distributing Causes of importance: Dis	LX.	Female While OR DIVORCED (regite the word)	October 75th	
B. DATE OF BIRKH (Johnth, day, and year) A. AGE Vexts North Days IT LESS than The PRINCIPAL CAUSE OF DEATH and related above, at. 1/3 m. The PRINCIPAL CAUSE OF DEATH and related above, at. 1/3 m. The PRINCIPAL CAUSE OF DEATH and related above, at. 1/3 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of enset Vexts North A. S. Trada, profession, or particular kind of work dome, as S PINNER, S. Trada, profession, or particular kind of work dome, as S PINNER, S. Industry or business in which What test confirmed diagnosis? Was	A A SS.	HUSBAND of A	22. I HEREBY CERTIFY, That I attended de le	eceased from
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE	jaren e	6. DATE OF BIRTH (Month, day, and year) Mar. 29 1846	0-+	death is sald
SAVER BORKEPER, etc. None SAVER BORKEPER, etc. Industry or business in which work was done, as SPINNER, SAWER BORKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 18 Date deceased last worked at this occupation (month and occupation) 19 Save deceased last worked at this occupation (month and occupation) 11 BIRTHPLACE (city or town) (State or country) 12 BIRTHPLACE (city or town) (State or country) 13 NAME 14 BIRTHPLACE (city or town) (State or country) 15 MAIDEN NAME 16 BIRTHPLACE (city or town) (State or country) 17 INFORMANT 18 BIRTHPLACE (city or town) (State or country) 19 What test confirmed diagnosis? Was there an aulopsy? 21 Informant 17 INFORMANT 18 BIRTHPLACE (city or town) 19 What test confirmed diagnosis? Was there an aulopsy? 22 Informant 19 Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury 19 Where Address) 19 Where Address 19 Whe	erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
SAVER BORKEPER, etc. None SAVER BORKEPER, etc. Industry or business in which work was done, as SPINNER, SAWER BORKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 18 Date deceased last worked at this occupation (month and occupation) 19 Save deceased last worked at this occupation (month and occupation) 11 BIRTHPLACE (city or town) (State or country) 12 BIRTHPLACE (city or town) (State or country) 13 NAME 14 BIRTHPLACE (city or town) (State or country) 15 MAIDEN NAME 16 BIRTHPLACE (city or town) (State or country) 17 INFORMANT 18 BIRTHPLACE (city or town) (State or country) 19 What test confirmed diagnosis? Was there an aulopsy? 21 Informant 17 INFORMANT 18 BIRTHPLACE (city or town) 19 What test confirmed diagnosis? Was there an aulopsy? 22 Informant 19 Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury 19 Where Address) 19 Where Address 19 Whe	IS A	06 6 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
Dither Coatributory Causes of importance: Dither Coatributory Causes of importance:	HIS be be of	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	cerebral Hemorrhage	1932
Dither Coatributory Causes of importance: Dither Coatributory Causes of importance:	nay aek	Industry or business in which work was done, as SILK MILL,	- A	
Dither Coatributory Causes of importance: Dither Coatributory Causes of importance:		To. Data deceased last worked at 11. Total tima (years)	Carcinoma of ulerus (fundus)	193×
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, OR REMOVAL (Address) 18. BURIAL, CREMATIDN, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 21. 192 (State or country) (State or country) (State or country) (State or country) (Address) Manner of injury (Signed) (Signed) (Signed) (Address) M. D. (Address)			0	
Name of oparation. Name of oparation. What test confirmed diagnosis?. Was there an autopsy?. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (State or country) 18. BURIAL, CREMATION, OR REMOVAL (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. Whose did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Signed) (Address) M. D. (Address)	AC AC thorstoon	12. BIRTHPLACE (city of town) Ceril County	Dther Contributory Causes of importance:	
Name of oparation. Name of oparation. What test confirmed diagnosis?. Was there an autopsy?. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (State or country) 18. BURIAL, CREMATION, OR REMOVAL (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. Whose did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Signed) (Address) M. D. (Address)	AD sd.		arterisocleronis.	1928
Name of oparation. Name of oparation. What test confirmed diagnosis?. Was there an autopsy?. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (State or country) 18. BURIAL, CREMATION, OR REMOVAL (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. Whose did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Signed) (Address) M. D. (Address)	NF plie rm inst	# 13. NAME Joleph Trans		
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATIDN, OR REMOVAL 18. BURIAL, CREMATIDN, OR REMOVAL 19. UNDERTAKER	U sul	14. BIRTHPLACE City or town Cecil Co,	Name of oparation Date of	
23. If death was due to external causes (VIOLENCE) fill In also the following: 15. MATIEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. INFORMANT (Specify city or town, county and State) Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Address) M. D. (Address)	TTH lly lain	(Stata of country)	What test confirmed diagnosis? Was there an au	itopsy?
Accident, suicide, or homicide? Date of injury. Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury. Place. Place. Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury. Nature of injury. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 16 so, specify. (Signed) (Signed) (Address) M. D. (Address) M. D. (Address) M. D. (Address) M. D. (Address)	WI eful in p	15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:	
Where did injury occur? (Specify eity or town, county and State) Specify whather injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATIDN, OR REMOVAL CALL Date Placa Mainer of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED 20. FILED (Specify eity or town, county and State) Specify whather injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE. (Specify eity or town, county and State) Specify whather injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE. (Specify eity or town, county and State) Specify whather injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE. (Specify eity or town, county and State) Specify whather injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury (Address) 15 so, specify (Signed) (Signed) (Address) M. D. (Address) M. D. (Address)	2	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVEL Place P	NE pe	(State or country)	(Specify eity or town, county and State)
Place Problem Date Uct 2 7, 19.32 Nature of injury 19. UNDERTAKER (Address) 20. FILED A 22, 1937 A STATE (Address) Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) Tallace My M. D. (Address) (Address) M. D. (Address)	PLAI ould F DE ery i	The state of the s	Specify whather injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLA	CE.
20. FILED 22, 192 / Shirt M. D. (Address) Melaced methods M. D. (Address) Melaced methods M. D. (Address) Melaced M. D.			Manner of injury	
20. FILED 22, 192 / Shirt M. D. (Address) Melaced methods M. D. (Address) Melaced methods M. D. (Address) Melaced M. D.	Ion USI N	Place Date UCC A 7, 19.3	Nature of injury	
20. FILED 22, 1937 - Chiling Segurar. (Address) M. D. (Address) M. D. (Address) M. D.	-WI nat CAI	19. UNDERTAKER PRISE & Flant	24. Was disease or injury in any way related to occupation of deceased?	
Zi 20. FILEDO D. J. L. 1997 C. S. Mariner. (Address) neufark Del	9	(Address) () The only wall and	has a bot	
Agentrar. a (Address)	7		and a little to the the	M. D.
	-	1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
Uses Date of onset The principal cause of death and related causes of importance were as follows:	Date of onset
1915 Attack of epilepsy	1 week ago
1921 Run over by street car	1 week ago
July 5,1927 Peritonitis 3	3 days ago
Other contributory causes of importance: May 1,1923 Gastroenteritis	1 year
May 1,1923 Gastroenteritis	

mation should be edrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10822
1. PLACE OF DEATH	91
County County	Registration Dist. No.
Village or City / SW	NoSt., W
Length of residence in city of town where death occurred 45 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.
(10 1:16 P Ma Ma	Ma . 1
2. FULL NAME SAULY A STATE OF THE SAULY AS A STATE OF	Cleve
(a) Residence: No. Apart (Vsual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 14 193 7 (Month) (Day) (Year
ia. If married, widowed, or diverged HUSBAND of COLUMN STATE of Consumer State of Co	Oct 1 HEREBY CERTIEY. That I attended deceased
DATE OF BIRTH (month, day, and year) May 8 1833	liast saw have alive on Oct, 14 1937; death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 82.m.
79 5 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER arguments	P. A.
	augua lelono (el
Industry or business in which work was done, as SILK MILL	19
Industry or business in which work was done, as SILK MILL. 10. Oate deceased last worked at this occupation chould and year) 11. Total time (years) spent in this 3 3 occupation.	
2. BIRTHPLACE (city or town) — erry ville, MA (State/or acountry)	Other Contributory Causes of importance Leweral atheromata 199
13. NAME ORIFIN Melkullen 14. BIRTHPLACE (city or town) Perry ville; und	
14. BIRTHPLACE (city or town) Terry ville, mid	Name of operation Nove Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Surgh Queu. 16. BIRTHPLACE (city or town) Lerry religion.	23. If death was due to external causes (YIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country).	Where did injury occur?
7. INFORMANT (Address) (About, Mr.)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Date Date Date	Nature of injury
9. UNDERTAKER FOR A VARIATION, (Addiess) Perry Lee M.	24. Was disease or Injury in any way related to occupation of deceased? 100
0. FILED 10-16, 1932/ Lo. F. Sauders. Registrar.	(Signed) To Magraw. (Address Juryfille Md,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	98-0
County Crus	Registration Dist. No. 92
Village or City Mean Centler	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	ds. now long in 0.5. it of tolergn mith:yismosnos.
2. FULL NAME BELLA PHILHOWER	
(a) Residence: No. FLKTON, R.D#3	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX FEMALE 4. COLOR OR RACE OR DIVORCED (write the word) MARRIED.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hulpswer	22. HEREBY CERTIFY, That I attended deceased from 1932 to 9-,1932
6. DATE OF BIRTH (month, day, and year) / MAU. 26 1877.	I last saw halive on
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 10m.
54 7879 10 13 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	of ile for
SAWYER, BOOKKEEPER, etc.	8/182,
work was done, as SILK MILL, SAW MILL, BANK, etc	1.11.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) occupation.	
12. BIRTHPLACE (city or town) SCOTLAND	Other Contributory Causes of importance:
(State or country)	leturise manto ?
13. NAME JOHN BUCHAN	
13. NAME JOHN BUCHAN 14. BIRTHPLACE (city or town) SCOTLAND	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME MAY NOBLE	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME MAY NOBLE 16. BIRTHPLACE (city or town) SCOT LAND	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT HALSEY PHILHOWER R.D. 4.3 (Address) ELKTON, MD.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION OR REMOVAL	Manner of injury
PlaceWHITE CLAY CREEK Date OCT. 12TH 1932	Nature of injury
19. UNDERTAKER P. Dones Jawan DEl	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED Ct 10 , 1937 Shauss Starter. Registrar.	(Signed) (Address) (Address) (Address)
If more blanks are needed, address Syste Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ; RY Y Y Y Y Y Y Y Y Y	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	LO E (
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EVERY TO V. S	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10825
1. PLACE OF DEATH	*
County Cecil	Registration Dist. No.
	No. (Motor Honoland St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3.3 yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Florence m. Sur	plon
(a) Residence: No. Estator Jud 13 5 5 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Therefore the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Jehn & Semperous	22. I HEREBY CERTIFY, That I Mended deceased from
6. DATE OF BIRTH (month, day, end year) Capacit 26-1883	Hast saw h_2 alive on O-6 6, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Carenorna of about
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	2 mos.
O 10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Thila, (Stete or country) Perus	Other Cautributary Causes of importance:
13. NAME July & Maddene 14. BIRTHPLACE (city or town) Place (State or country) Pa.	
(State of Country)	Name of operation Dete of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Ida McCael 16. BIRTHPLACE (city or town) Pluila (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mos Joseph a hauseroux (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL Place Cherry Leee Date Cert 10 1981	Manner of injury
19. UNDERTAKER A. J. Oleenschy (Address) Exercise, rul;	24. Wes disease or injury in eny way related to occupation of deceesed? If so, specify
20. FILED CV 8 , 1907 Hall Story Registrar. If more blanks are needed, address State Registrar.	(Signed) M. D. (Address) M. D. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 4-1932			
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones E T T A T V . See	May 1,1923	Gastroenteritis	1 year

ż

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10836
County County	Registration Dist. No. 72
Village or City Elleton	No. (esta) Hor feetable, Ward death, occurred in a hospital or institution, give its NAND instead of street and number)
Length of residence in very or town where death occurredmos	//
2. FULL NAME TO how Thomas	<u></u>
(a) Residence: No. / Orriginal Ma (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) WIROWED	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced . HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
1/4/11/11/18/15	(lef 3 1932 to Cler 14, 1938
7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, at 10:30 P.m.
77 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada, profession, or particular kind of work done as SPINNER	were as follows: Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc.	Uscery/ restate gland
a Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.	00 10 4 0 1
10. Dato deceased last worked at this occupation from the state occupation from the state occupation the state occupation occupation occupation	Chronic preforities Duration several
12. BIRTHPLACE (city of 10 who Lerry rell	Other Coutributory Causes of importance:
(State or country)	8/Pa
13. NAME Samuel Somas	Daffor 1
13. NAME Salling Spound 14. BIRTHPLACE (city or town) Wy ville	Name of operation have Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 🚣
I	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town) Acres 1988 (State or country)	Where did Injury occur?
17. INFORMANT Walter Thomas (Address) Christial, ind.	(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 19-52	Nature of injury
19. UNDERTAKER III (Callinois (Address) Penny will , My	24. Was disease ar injury in any way related to occupation of deceased?
20. FILED Cof 15-, 19 ft frank Brager	(Signed) De Carolinell M. G. (Address) World Carol Vol.
Kegistrat.	" (nuuleas)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial negative	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

(Year)

Date of onset

..... Was thera an autopsy?....

Date of injury _____, 19.

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

5	E	LI
4	Z	C
2	M	VY
BIL	ER	E
¥	A	peq
F.O.	S	stat
ij.	IIS	pe
V F	TI	Id
MARGIN RESERVED FOR BINDING	TK-	mation should be carefully supplied. AGE should be stated EXACTL
五 五	H	E
7	NG	AG
Z	IO	d.
7 2	IF.	lie
1A	5	idns
4	LH	<u>N</u>
	WI	[In]
	N,	are
	Z	96
	AI	q P
	PL	no
	9	Sh
	RI	ion
-	M-	mat
No. 1	8	ſ,

PHYSICIANS should state

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

(Address)

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA.

STATE O	F MARYLAND	CERTIFICATE OF DEATH
County Gecil		Registration Dist. No. 96
Village or City Veterans A	eath occurredQ_yrs,mos	italo Perry Point, Mda St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s. 26 ds. How long in U.S. if of foreign birth? Tyrs. — mos. ds.
(a) Residence: No Stevens	(Usual place of abode) COUN	If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MATTIED	21. DATE OF DEATH October 19 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maiden name	of wife unknown	22. HEREBY CERTIFY, That I attended deceased from August 24 , 19 32, to October 19 , 19 32
7. AGE Years Months	vember 24, 1887 Days If LESS than f day, hrs.	I last saw h. im. alive on October 19., f9.32; death is said to have occurred on the date stated above, at 3:15. Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	26 or min. Clerical Clerk B. &O. Railroad ff. Total time (years) spent in this occupation. Unknow	were as follows: Chronic myocarditis and myocardial degeneration longer.
	imore, Md.	Other Contributory Causes of Importance: Psychosis-Intoxication, alcoholic April Delirium Tremens with Korsakow 1932 or
f3, NAME Unkn	own	manifestations, severe more.
F3. NAME Unkn f4. BIRTHPLACE (city or town) Unkn (State or country)	own	Name of operation None Date of What test confirmed diagnosis Clinical & Aut was Byre an autopsy X.C.S.
f5. MAIDEN NAME Unkn	own	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:
f5. MAIDEN NAME Unkn f6. BIRTHPLACE (city or town)	own	Accident, suicide, or homicide?
(Address) Per	l Records	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURHAL, OREMATION, OR REMOVAL	0-1 00 70	Manner of injury
Placa Baltimore, Md.	Date QCTA 20, 19.32	Nature of injury
to UNDERTAKED Temingl	outean.	24. Was disease or injury in any way related to occupation of deceased? NO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

Act

Director

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
K EGETA EST			

	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Ev	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem.	to
	IS A I	stated	properl	annifican
	TK-THIS	should be	t may be	hook af
	DING IN	AGE :	se that i	ations of
	I UNFA	supplied	in terms,	Too inches
	Y, WITH	carefully	'H in pla) durature
)	PLAINL	hould be	OF DEAT	and an army of
	B.—WRITE	mation sl	CAUSE	TION in mountaint Con inchangement on Land of contification
	ż			

	CERTIFICATE OF DEATH 10829
1. PLACE OF DEATH County County	Registration Dist. No. 95
70-0	
Village or City Levdor	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	
	Ol Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE OR DIVORCED (sprite the word)	21. DATE OF DEATH Oct. 4 193 2 (Month) (Oay) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) Oct 4 193%	I last saw h. Lative on Combet 1, 19 37; death is se
AGE Years Months, Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK Minus SAW MILL, BANK, etc. 10. 0ate deceased last worked at his occupation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this spe	Tremature Buth Cotion
10. Oate deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town). Pheodore (State or spuntry)	Other Contributory Causes of importance:
13. NAME week albert Wheeler	
13. NAME Well Willest Wheeler 14. BIRTHPLACE (city or town) Kalmia (State or country)	Name of operation Oate of What test confirmed diagnosis? Www. Was there an autopsy? Manual Confirmed Manual
15. MAIDEN NAME Maire Beatrice Colgan 16. BIRTHPLACE (city or town) - Fallston (State or country)	23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Joseph albert Whieler (Address) Theodore mid,	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place LL PRIMILES Date Oct 4, 1937	Manner of injury
19. UNOERTAKER LIGHT STEELS (Address) LELLY TILLY MAG.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Oct. 8, 1932 An M. Cherry Registrar.	(Signed) M. (Address) M. (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-----------	---------	------------	----	-----------